



# PRINCE WILLIAM COUNTY PARK AUTHORITY CAMPER REGISTRATION FORM



This form is required annually for each child attending a camp program

Camper Name: \_\_\_\_\_ Gender: M or F Birthdate: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 (H): \_\_\_\_\_ (H) \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
 (W) \_\_\_\_\_ (W) \_\_\_\_\_  
 (C) \_\_\_\_\_ (C) \_\_\_\_\_  
 E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Is your child enrolled in a Public School or Preschool? Y or N Name of School: \_\_\_\_\_

**PAYMENTS, CANCELLATIONS, REFUNDS, & TRANSFERS:**

- **FULL DAY CAMP** – Balance due two weeks prior to Monday of child's first day of that week. Refunds or credits are only honored if notice is received prior to Monday of your child's camp week. Failure to give proper notice will result in forfeiture of all fees. Deposits are always NON-REFUNDABLE and NON-TRANSFERABLE.
- **MINI CAMP and TOT CAMP** – Payment due in full at time of registration. 100% of payment will be refunded if the PWC Park Authority cancels a class. 100% of payment will be refunded, less a \$5 Administrative Fee, if customer cancels from class at least one week prior to start of class. A 50% credit will be placed in our Registration System if a customer cancels from a class prior to second class meeting. No refund or credit will be issued if a customer cancels from a class after second class meeting. A \$5 Administrative Fee will be charged for transfers.

**I have read and understand the above policy.**

**Customer Signature:** \_\_\_\_\_

|                              | Wk 1    | Wk 2    | Wk 3   | Wk 4    | Wk 5    | Wk 6    | Wk 7  | Wk 8  | Wk 9   | Wk 10  |
|------------------------------|---------|---------|--------|---------|---------|---------|-------|-------|--------|--------|
|                              | June 21 | June 28 | July 5 | July 12 | July 19 | July 26 | Aug 2 | Aug 9 | Aug 16 | Aug 23 |
| <b>LOCATION</b><br>of Camp   |         |         |        |         |         |         |       |       |        |        |
| <b>NAME</b><br>of Camp       |         |         |        |         |         |         |       |       |        |        |
| <b>COST</b><br>of Camp       |         |         |        |         |         |         |       |       |        |        |
| <b>AM Care*</b><br>\$20/week |         |         |        |         |         |         |       |       |        |        |
| <b>PM Care*</b><br>\$20/week |         |         |        |         |         |         |       |       |        |        |
| <b>Amount Due:</b>           |         |         |        |         |         |         |       |       |        |        |
| <b>Amount Paid:</b>          |         |         |        |         |         |         |       |       |        |        |

\* = Full Day Camp option only

| PAYMENT  |                 |
|--|-----------------|
| Charge my: <input type="checkbox"/> Am. Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> PWCPA Gift Card <b>OR</b> Check # _____ (PAYABLE TO PWCPA)<br>Account # _____ - _____ - _____ Exp. ____ / ____ in the amount of \$ _____<br>3-Digit CVV: _____ Signature _____ Date _____ |                 |
| CONTRIBUTIONS  |                 |
| Tax Deductible Contribution for P.L.A.Y. Foundation - Non-Profit Scholarship Providers<br>Add <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> Other \$ _____ to my amount. Thank You!  |                 |
| TOTAL PAID:  | STAFF INITIALS: |

*A valid Driver's License will be required for checks. A \$25 fee is applicable on all returned checks.*

**This form continues on the back**

**EMERGENCY CONTACTS AUTHORIZATION**

The Park Authority has my permission, in an emergency, to call 911 and/or send my child to a Hospital/Urgent Care facility, and the Medical Personnel have my authorization to provide treatment that a Physician deems necessary for the well-being of my child. The Park Authority will make every reasonable attempt to contact the Parent/Guardian/Emergency Contacts. \_\_\_\_\_

Parent/Guardian Signature

**NOTE: Emergency Contacts cannot be the parents/guardians. You MUST list at least 2 Emergency Contacts.**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

**DISMISSAL AUTHORIZATION**

Parent/Guardian/Authorized Alternate **MUST SIGN THEM IN** and **OUT**.

No child will be permitted to leave camp with persons other than a Parent/Guardian/Authorized Alternate listed below.

**Proof of identification will be needed to pick up campers**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Authorized Alternate: \_\_\_\_\_

Authorized Alternate: \_\_\_\_\_

**SWIMMING RELEASE**

My child **HAS** permission to swim during program hours **Parent Initial** \_\_\_\_\_

My child **DOES NOT HAVE** permission to swim during program hours.

**VIDEO/PHOTO AUTHORIZATION**

I give permission for the Park Authority to include my child in photos/videos that will become Park Authority property.

I DO NOT give permission for the Park Authority to include my child in photos/videos.

**HEALTH/MEDICAL INFORMATION**

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My child has allergies to the following: \_\_\_\_\_

My child does not have any allergies

My child will require medication to be administered while in your care. I understand that I will need to complete a medication authorization from prior to my child attending program. **Parent Initial** \_\_\_\_\_

**SPECIAL NEED INFORMATION**

My child has special needs (please indicate below)

***If requesting special accommodations, written notice is required 14 business days prior to the start of camp.***

My child does not have any special needs

\_\_\_ ADD

\_\_\_ Developmental Delay

\_\_\_ Multiple Disabilities

\_\_\_ ADHA

\_\_\_ Diabetic

\_\_\_ Physical Disability

\_\_\_ ADHD

\_\_\_ Hearing Impairment

\_\_\_ Speech/Language Only

\_\_\_ Asthma

\_\_\_ Learning Disability

\_\_\_ Visual Impairment

\_\_\_ Autism Spectrum Disorder

\_\_\_ Mild/Moderate Cognitive Impairment

Additional Comments \_\_\_\_\_

My child may not have the following foods for religious reasons: \_\_\_\_\_

**PARTICIPATION AGREEMENT and FIELDTRIP AUTHORIZATION**

*The Prince William County Park Authority assumes no liability for injuries or damages arising from the result of participation. Due to the strenuous nature of some activities, the participant is urged to consult his/her physician concerning the ability to participate. All activities present inherent risks and hazards that the participant assumes. I hereby approve of my child's participation in this Recreation Program. My child has permission to attend and be transported on Park Authority field trips.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**My signature below indicates that I have completed and understand the information on this form pertaining to:**

\* Emergency Contacts

\* Dismissal Authorization

\* Swimming Release

\* Video/Photo Authorization

\* Medical Information

\* Special Needs

\* Participation Agreement

\* Fieldtrip Authorization

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_